

Administration on Aging
NAPIS State Program Report Frequently Asked Questions

Introduction

Section I.	Elderly Clients and Caregivers.....	Pages 1 - 2
Section II.	Utilization and Expenditure Profiles.....	Pages 3 - 5
Section III.	Network Profiles.....	Page 5
Section IV.	Developmental Accomplishments.....	Page 6
Title III-E – National Family Caregiver Support Program (NFCSP).....		Pages 6 - 12
SPR Data Software (State reporting Tool).....		Pages 12 - 14
Information and Assistance.....		Pages 14 - 16
Reporting Race and Ethnicity.....		Pages 16 - 17
Transportation and Assisted Transportation.....		Pages 17 - 18
Case Management.....		Page 18
Program Income.....		Page 18
Urban and Rural.....		Page 19
Nutrition Services Incentive Program (NSIP).....		Pages 19 - 23
Additional Information on Nutrition Screening.....		Pages 23 - 24

Introduction

This document is a compilation of responses to questions submitted by States regarding the revised State Program Report (SPR) component of the National Aging Program Information System (NAPIS). This document will be posted on the AoA web site and circulated by email. It should be considered a “living document” and additional questions and responses may be added as received. Comments about this document should be directed to Saadia Greenberg, Administration on Aging, by email at: [saadia.greenberg@aoa.hhs.gov](mailto:sadia.greenberg@aoa.hhs.gov) or by telephone at 202-357-3554. The revised SPR (OMB Approval Number 0985-0008) is effective for the reporting period beginning October 1, 2005.

Section I.

1. **QUESTION.** In the revised SPR, there is no longer any collection on new client data. Is this observation correct?

ANSWER. Yes. There is no longer a new client data requirement.

2. **QUESTION.** Does the number of clients to be reported in Section I.A. of the SPR include the caregivers served in Title III-E, The National Family Caregiver Support Program?

ANSWER. Section I.A. does not include III-E since we have separate tables (Section I.E. and I.F.) for the total number of caregivers of elderly individuals and grandparent caregivers.

3. **QUESTION.** Section I.B.: Should the Total Number of Registered Clients = Cluster 2 Clients + Sum of Total Clients in Sections I.C., I.D., I.E., and I.F.?

ANSWER. No:

(1) Caregivers for the Elderly and Elderly Grandparents and others caring for grandchildren are not included in Section I.B.

(2) Registered Clients may receive multiple services.

(3) Although ideally the number of Cluster 1 clients with reported ADLs and IADLs should be 100% of the number of Cluster 1 clients, in practice this is not always the case.

4. **QUESTION.** Section I. C. and D.: For each service category, should the Total Clients columns be identical on each screen?

ANSWER. No. There would be different numbers of clients for each service. There will be a separate screen for each service as well as for Total Cluster 1 Clients. Ideally the Total Cluster 1 Clients will be the same for both Section I.C. and I.D. but this may not always be true due to local idiosyncrasies.

5. **QUESTION.** Should each screen's Total Cluster 1 Clients figures also be equal?

ANSWER. Note that there is no Total Cluster 1 Clients field in Sections I.C. and I.D. -- The lines in the heading on page 5 (hardcopy of SPR) indicate that there should be a separate table for each of these items. Please note that Total Cluster 1 Clients is one of these tables and not something to be indicated on the other tables or the sum of the other six tables (due to multiple service use by clients).

6. QUESTION. Section I. C. Detailed ADL/IADL Characteristics: What is the definitional specification for "ADLs Missing" and "IADLs Missing"? Does this mean "one or more ADLs/IADLs missing" or "any ADLs/IADLs missing" or "all ADLs/IADLs missing" or some other interpretation?

ANSWER. All ADLs or IADLs missing – Missing for any and all data items means that there is no valid value for that element for a client.

7. QUESTION. In Sections 1-C. and 1-D., are the counts only for the ADL and IADL clients under these Sections, or are the "Total Clients" for 1-C. and 1.D the Total counts for: Chore-Case Management-Personal Care-ADH/C-etc., with separate detail for ADL and IADL clients?

ANSWER. The client totals should be the same for the same service categories for both Section I.C and I.D. For example if a total of 1,000 clients received Homemaker Services, then the sheets (Section I.C and I.D) for Homemaker Services would each show a total of 1,000 clients. All of the client detail, i.e., gender, income, etc, should match as well. The differences would be between the ADL and IADL breakouts. This process would follow for each of the six services listed.

The client totals should be the same for Total Cluster 1 Clients for both Sections I.C and I.D, with the same caveats as above. Please note that Total Cluster 1 Clients are not the sum of the other six tables (due to multiple service use by clients).

8. QUESTION. Given the following scenario, what are the reporting requirements:

- Large event (2000+ participants; seniors, volunteers, dignitaries): If 100 seniors attend the event and do not provide the minimum data elements (i.e., name, date of birth), are their meals still considered NSIP-eligible; if no client data is available for NAPIS/SPR reporting purposes?

ANSWER: Yes. As a general rule, the principles are the same regardless of the number of people involved although of course we stress the need to gather all the data as much as possible.

- For 50 volunteers who help to serve the meals, many of them may be under age 60 and choose not to provide us with neither their names nor dates of birth. Their meals would be considered NSIP-eligible; however, no client data would be available for NAPIS. Correct?

ANSWER: Yes - as long as the normal requirement is met that the volunteers help out during mealtimes (whenever that may be).

- A minimum list of minimum NAPIS data elements (for cluster 2 services) for a client summary sheet at a large event is: name, age, gender, race, ethnicity, rural status, live alone status, and poverty status. A summary sheet for the attendees could be developed for attendees to complete and data would be entered into the client tracking system for NAPIS reporting. There are "missing" fields built into the SPR to account for pieces of data that the participants choose not to provide to us.

ANSWER: This list is correct. This seems like a reasonable approach.

Section II.

9. QUESTION. High Nutrition Risk: Is there a reliable, effective way of collecting the nutrition risk data that would not take an undue amount of staff time, e.g. congregate meal site, away from other responsibilities? Also, is AoA directing that the screening be done annually or is some other regular timeframe acceptable?

ANSWER. Section 339 of the Older Americans Act requires that a state ensure that a nutrition project provide for nutrition screening. It is a state responsibility to develop policies, procedures, or guidance on how to implement the requirements of the Older Americans Act. As a result, implementation methods may vary state to state depending on the unique needs of the state and how the state determines to implement the nutrition program.

10. QUESTION. Service Units for Home Delivered Meals and Congregate Meals: Instructions for the reporting of Service Units for line 4 Home Delivered Meals and line 8 Congregate Meals stipulate that meals served through means-tested programs (such as Medicaid Waiver and state funded programs) are to be included in the meal totals reported on lines 4 and 8. If these meals are reported under Service Units does this mean that these means-tested programs are to be considered and included in the reporting categories (i.e., # of providers, # of AAA direct, unduplicated persons served, high nutrition risk, Title III expenditure, Total Service Expenditure, program income) across the line for Home Delivered Meals and Congregate Meals?

ANSWER. Yes. Note this is true for all services, not just nutrition but, as noted below, inclusion of these means tested services is optional.

11. QUESTION. If states are to report data on OAA and means-tested programs across all the reporting categories in Section II. A. (Home Delivered Meals and Congregate Meals), are states also expected to collect the client data in Sections I. B, C and D for those participants of these means-tested programs? Clarification is needed since under the previous SPR version, the Total Unduplicated Persons Served reported in Section II.A was interrelated and linked to the client totals reported in the various parts of Section I.

ANSWER. No. If the data is collected by the SUA, we would prefer to have it reported. If it is not, AoA is not requiring it.

12. QUESTION. Total Service Expenditure and Means Tested Program Expenditures: Total Service Expenditure is defined as “OAA expenditures plus all other funds administered by the SUAs and/or AAAs...for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not AoA funds were utilized for that purpose...” Are detailed client information and all other reporting categories in Section II. A. (i.e., # of providers, unduplicated persons served, service units, etc.) required for those clients receiving state funded personal care?

ANSWER. No. If the data is collected by the SUA, we would prefer to have it reported. If it is not, AoA is not requiring it.

13. QUESTION. Does the state have the option to report or not report service expenditures for means tested programs?

ANSWER. Yes.

14. QUESTION. If the SUA is not administering the funds for means tested meals like Medicaid waiver programs, should the SUA ask for a report, from AAAs, for means tested meals? The means tested meal provider is reported directly to the funding source.

ANSWER. The SPR does not require that states report on services not administered through the SUA (even if administered by AAAs) since this might be difficult for the SUA to collect. At the same time, we understand that states may be understating the full scope of their resource commitment to aging services so AoA does permit these services to be included if the state wishes.

15. QUESTION. In Section II.A, there is a service that is reported as a cluster 3 service called "Other". There are other non-registered services that are reported in Section II.E. as well. Are these two sections mutually exclusive or are they tied to one another? Is Section II.E., - Other Service Profile a detail of the summary data in II.A?

ANSWER. The two sections are tied, but II.E. is optional. The Section II.E total should not be more than what is reported in Section II.A., but it may be less or zero.

16. QUESTION. Sections II. B & C "# of Providers (unduplicated)": The specification of # of Providers (unduplicated) is difficult to precisely calculate on a statewide basis in the absence of a unique provider identification system (e.g. State or Federal tax identification number). In addition, it is unclear as to whether subsidiary or affiliated "providers" to an entity under contract to an SUA or AAA would be counted as unique providers when a SUA or AAA contract may exist with a parent company or affiliated branch division. How do states best address this?

ANSWER. Estimate the number of unduplicated providers using the most reasonable estimation procedures available. [AoA and NAUSA will address this issue in the forthcoming management study of program reporting in the aging network.]

17. QUESTION. As a single planning and service area, we provide "Information & Assistance" directly from our office and are the only provider of this service. We have reported our agency as a "provider" under the reporting column "Number of Providers" and have not reported our agency under the column "Number of AAAs Direct Service Provision," even though the office is technically both a State Unit on Aging and an Area Agency on Aging. Is this still applicable?

ANSWER. The guidance is still applicable.

18. QUESTION. Section II.B. and C.: In Total Service Expenditures, is it all right to include Title III-B funds?

ANSWER. No. III-B funding is reported in Section II.A (Since, AoA will add the Total Service Expenditures together for advocacy national reporting purposes, inclusion of III-B. funds in Sections II.C. and II.D. would double count these funds.)

19. QUESTION. Can you define Non-OAA federal funds? Is it only federal funds which are non-OAA or is it any funds which are not OAA federal funds (i.e. local, program income, NSIP, etc.)?

ANSWER. The Reporting Requirements for Title III and VII for FY 2005 (<http://www.aoa.gov/prof/agingnet/NAPIS/docs/SPR-Modified-Form-11.08.04.pdf>) does not use the term “Non-OAA federal funds”. AoA uses the terms “Title III Expenditures” and “Total Service Expenditures”. The term “Total Service Expenditure” is defined as “OAA expenditures plus all other funds administered by the SUA and/or AAA’s on behalf of elderly individuals and caregivers for services meeting the definition of OAA services – both services which are means tested and those which are not”. (See last page of this document for the full definition). This includes local, state, program income, NSIP and other funding sources.

20. QUESTION. If Title III-D funds are used for medication management, screening and education, where is this information on reporting the units of service and numbers of person served to be entered?

ANSWER. In Section II-A. of the SPR report form, Title III-D funds expended for medication management, screening, and education could be reported on line 15, Other Services. (The SRT software will permit entries in the Title III-D Expenditures column despite its being grayed out on the printed form.) This information should also be reported in Section II.E. “Other Services” where service units and persons served may be reported.

Section III.

21. QUESTION. Section III.A. and III.B., SUA and AAA Staffing Profiles: This section shows only Total FTEs and Minority FTEs does this include all staff FTEs with just a break out of minority?

ANSWER. The SPR definitions for these tables do not differentiate employees by funding source. All employees (or all minority employees) should be included regardless of funding source.

22. QUESTION. SUA Staffing Profile: In the past, the staffing profile has had a column for number of FTEs and another column for FTEs paid with OAA funds. The FY05 form only has “Total FTEs.” Should this be total for the agency or total paid out of OAA funds?

ANSWER. SUAs are to report the total FTEs regardless of funding source.

23. QUESTION. Section III.C. Provider Profile: This Section asks for the total number of providers, minority providers, rural providers. Does this only include Cluster 1, 2, and 3 providers or all OAA service providers?

ANSWER. The total number of providers for Section III.C should equal the total number of providers in Section II.A (excluding AAAs providing direct services). As we work toward enhancing our data analysis, in the future (not before 2007) an update to the SPR will likely bring the number of caregiver providers into this total. However, at this time caregiver providers are not included.

Section IV.

24. QUESTION. Section IV Developmental Accomplishments: In Sections IV.A and IV.B (top 3 accomplishments) are we correct in assuming that there may only be one development type code associated with each accomplishment?

ANSWER. Yes. The SPR allows only one code and states must choose the code with the most relevance if more than one may apply. Sometimes the state will indicate the other accomplishment types within the body of the text.

Title III-E –National Family Caregiver Support Program (NFCSP)

25. QUESTION. Care Management under the NFCSP: If a State adopts the Support Coordinator model (Support Coordinators are described as teachers, networkers, counselors/validators/advocates, and family guides recommended in the AoA NFCSP Resource Guide) should this function be counted under case management or under information and assistance? The Support Coordinators function in much more of a partnership mode with caregivers in comparison to traditional case management which is designed for working with a more dependent population.

ANSWER. As long as III-E funds are involved for this effort, this work can be counted under care management. There is no guidance from AoA which precludes case managers from performing these functions. Also, I&A is a more short term function. Note that in either case these services fall under the Access Assistance category in Section II.B and II.C. The subcategories of Title III-E services were consolidated in the final revision of the SPR.

26. QUESTION. Leveraged resources under the NFCSP: The NFCSP receives considerable leveraged resources both at the state and the local level. On the SPR, Section II. B & C, should these leveraged resources be counted as Total Service Expenditures or Program Income received?

ANSWER. These leveraged resources should be counted under Total Expenditures in the year in which they were used. They may also be counted under Program Income since Program Income under the State Program Reports is broader than the Grants Management of Program Income. The SPR definition includes contributions.

27. QUESTION. NFCSP Funding of Support Groups: If an agency provides administrative grants to existing support groups in the community in the amount of \$300/yr., (covering miscellaneous expenses such as mileage for a speaker, postage, educational materials, etc.), how is this to be reported since the agency has no information about the members of the group, how the money will be used (all for postage, mileage, or in several areas).

ANSWER. These funds fall under the Group 1 Counseling/Support Groups/Care Training category for Title III-E reporting.

28. QUESTION. Units of Service under Title III-E Respite Care: If (under the Grandparent Caregiver part of the NFCSP) a child goes to summer camp for one week, for Section II.C reporting do you count this as 24x7 hrs, or as 1 unit?

ANSWER. The unit of service used should be appropriate to the type of service provided. Hours would be appropriate for in-home respite or respite provided by an adult

day care or health center or a senior center. Days are more appropriate as a unit of analysis for institutional respite or summer camp respite. When direct payments are made to the caregiver, use the service units for the service purchased if known. If the service units are not known, report each payment as one unit of service. The same principle would apply to other categories of Title III-E services in Section II.B and II.C.

29. QUESTION. Would the following be considered as Access Assistance services or activities for SPR/NAPIS?

- Care Coordination (case management for caregivers)
- Caregiver Support Coordination (case management for caregivers)
- Legal Assistance (Benefits Counseling for caregivers)
- Participant Assessment (assessments for caregivers and care recipients)
- Information, Referral & Assistance (caregivers specifically identified)

ANSWER. Legal assistance is supplemental. All others could be counted as access assistance.

30. QUESTION. Regarding Family Caregivers services on the SPR, a unit of service for Access Assistance is 1 contact. Is there a way for states to show on the SPR the amount of time or service hours that go into a single contact of "Access Assistance"?

ANSWER. No.

31. QUESTION. Mass media reporting: If there was a mass media campaign (radio, tv, etc) paid with Title IIIIE funds how do we report "people served" or "audience size" to be reported?

ANSWER. There are specific elements of the State Program Report (SPR) that allow for "estimated" counts of persons (see Section I.A). Note that the SPR document specifically notes in this area that "There is no prescribed method for developing this estimate". Information Services under Title III-E asks for an "Estimated Audience size" (not "people served") and for the "# Activities".

The unit for "# Activities" is one activity. For example, if the state were to provide Information Services through mass media by one radio public service announcement, one newspaper article and on television interview, there would be three (3) activities reported.

The "Estimated Audience size" is usually obtained from the media. For example, radio stations should provide the estimated number of listeners during that time period or newspapers rely on circulation size. This would be aggregated for the number of media sessions conducted. In the example above, the three (3) media sessions would be totaled and reported.

Please note when aggregating these estimates from multiple media sources, these are typically duplicated counts. If multiple Informational events are conducted over the course of a year, the SUA, in aggregating the numbers for the "Estimated Audience size", should bear in mind: (1) repeated messages through the same source (3 messages one week apart through the same newspaper) will likely be reaching the same audience; (2) with minor/rare exceptions, "Estimated Audience size" should not exceed the total number of people living in the state.

32. QUESTION. With regard to Title III-E data, there are situations where there might be services delivered to a group of caregivers (education or support services. In that group, there could be grandparents and/or caregivers to elderly. But without getting data on each individual caregiver, it would not be possible to know which are which. There is no place to dump data on caregivers where the relationship (grandparent v caregiver to elderly) is unknown. How is such data to be reported?

ANSWER. In cases of mixed programming (caregivers of children with caregivers of the elderly) the states should try to allocate the data as best they can. If this is not possible, they can report under Section II.B, utilization and expenditures for caregivers serving the elderly.

33. QUESTION. Utilization and Expenditure Profile For Grandparents and Other Elderly Caregivers Serving Children: Is it intended that reports separate unduplicated number of caregivers for counseling, respite care, and supplemental services on lines 1, 2, and 3; or just a combined total of those subsets on the line above those categories labeled Unduplicated number of caregivers?

ANSWER. It is intended that reports separate unduplicated number of caregivers for counseling, respite care, and supplemental services since one caregiver may receive several of these categories of benefits.

34. QUESTION. Utilization and Expenditure Profile for Grandparents and Other Elderly Caregivers Serving Children: Totals (unduplicated) of Title III-E Expenditures, Total Service Expenditures, and Program Income are to be reported. Isn't it a given, that those figures would have to be unduplicated?

ANSWER. Yes.

35. QUESTION. Units of Service under Title III-E Supplemental Services: The SPR does not provide a unit of service of Supplemental Services. Is the count to be one request for a service as one unit of service?

ANSWER. In general, States should use the same unit of services definitions for Title III-E Supplemental Services that they would use if the service were a Title III-B or III-C service.

36. QUESTION. Legal Services funded under Title III-E: If legal services receive Title III-E Caregiver Support funds, is this considered a Group Two -- Access Assistance service -- in Sections IIB and IIC of the new form and reported as such?

ANSWER. Legal services is not an access service for III-E (as opposed to III-B) since III-E has a very specific definition for access services which excludes Legal services. "Access Assistance (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities." To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that:

- provides individuals with information on services available within the communities;
- links individuals to the services and opportunities that are available within the communities;

- to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.]

Legal services should be reported as a supplemental service.

37. QUESTION. For Title III-E services, because unduplicated counts of persons served are requested for Caregiver Counseling, Caregiver Respite, and Caregiver Supplemental Services in Section II.B., this would force clients receiving any of these 3 services to also complete the Client Enrollment Form. This would give us the number of registered clients for the NFCSP program. Is this correct?

ANSWER. The requirement is for an unduplicated count. Although AoA does not specifically require client registration, some type of record keeping is needed. This does not mean that III-E caregivers need to complete the same intake form as other Title III clients.

The III.E sections of the SPR require only basic demographic data about these caregivers: age, gender, race/ethnicity, rural status (usually determined by the provider or AAA based on address information), and relationship to the care recipient. Therefore, a much simplified format is possible.

38. QUESTION. Does the NFCSP report require information on a caregiver's poverty status or ADL/IADL limitations?

ANSWER. No. The SPR requires the following information for Title III-E caregivers: age, gender, race/ethnicity, rural status, and relationship to the care recipient.

39. QUESTION. There have been some interpretation concerns about what information to collect under the III-E for access assistance. Please clarify the following examples:

- A caregiver calls to find out what services are available in their community, you speak with them for 15 minutes and provide them with information on caregiver services and explain how to access the services. Is this call considered a contact for access assistance?
- Can it be tracked only if a follow up call is done? (Many caregivers call just for information and may say their name but are not willing to give their phone number for a follow up call.)

ANSWER. This type of call falls under Access Assistance. So would a follow-up call but even without it, answering this call is Access Assistance.

40. QUESTION. If Legal Services are considered supplemental services under Title III-E, but the Legal Service agencies provide counseling and caregiver training, would legal services still be considered a supplemental service in all cases or can it be placed under the Counseling definition?

ANSWER. Counseling on legal issues would be considered legal assistance which is a Supplemental Service.

41. QUESTION. Legal Services under Title III E – To arrive at an unduplicated count of persons the current data system requires the client name, address, city, state, zip, and date of birth. There is a concern about releasing the client name and identifying information. Given

the exemption of legal services from the NAPIS reporting system under title IIIB, can legal services be exempted from the NAPIS reporting under Title III E?

ANSWER. The issue is at the local data system level rather than at the NAPIS SPR level. Legal Services under Title III-B does not have an “exemption” from providing client specific information. The approved (Office of Management and Budget) data collection criteria for Title III-B Legal Services requires, among other data, the reporting of service units, not the unduplicated number of persons served. However, under Title III-E the approved data collection criteria does require an unduplicated count of persons served. Data systems design can obtain these counts without releasing the person’s name or other identifying personal information. As AoA does not require individual client level information, collaboration with the Area Agency or Department on Aging may lead to the optimal method for obtaining unduplicated client data without having to disclose confidential information.

42. QUESTION. Under Title III-E, are transportation services (Transportation, Assisted Transportation) considered a Respite or Supplemental Service?

ANSWER. Transportation of the care recipient to an adult day center or similar program would be part of the respite expense. Otherwise (e.g., transportation to medical appointments), it would be a supplemental service.

43. QUESTION. Under Title III-E what category does case management fall? The counseling category or the respite category?

ANSWER. Case management in this case would be a type of counseling.

44. QUESTION. Under Title III-E, are home delivered and congregate meals are considered supplemental services?

ANSWER. Yes.

45. QUESTION. What is the difference between Title III-E Expenditures (Federal \$) and Total Service Expenditures (All Sources)?

ANSWER. For Sections II-B and II-C, the distinction between Total Title III-E Expenditures and Total Service Expenditures relates to the source of funding. Total Title III-E Expenditures consists of all Title III-E (National Family Caregiver Support Program - NFCSP) funds expended. Total Service Expenditures are funds from all sources (OAA III-E and non-OAA funds) expended by agencies administering the NFCSP for services to caregivers which would have been eligible for funding under the NFCSP (III-E).

46. QUESTION. Often supplemental services are provided on a one-time basis. In addition some supplemental services are direct payment so caregivers can purchase necessary items at a store of their choice. For example, some respite service is provided through direct payments so caregivers can hire their neighbor. Does AoA have a preference for how these service providers are entered to our totals?

ANSWER. The State Program Report (SPR) requires states to submit a number of data elements for the National Family Caregiver Support Program (Reporting Requirements for Title III and VII dated 11/9/04 at <http://www.aoa.gov/prof/agingnet/NAPIS/napis.asp>). As

seen in this document, State Units on Aging (SUA) are to enter an unduplicated count of providers.

AoA has not specified requirements for the systems through which SUAs report the number of providers. For example, in programs where clients use vouchers or a direct payment system and the ultimate number of providers is known, e.g., clients choose from a given list, then an unduplicated count should be more straightforward and entered. In situations where the client has greater discretion, e.g., direct payment systems allowing for a greater range of services such as respite care from family/friends/etc, then the definition from the SPR may be applicable (see below).

Definition: Provider – An organization or person which provides a service to clients under a formal contractual arrangement with an AAA or SUA. Under Title III-E, in cases where direct payment is made to a caregiver and the ultimate provider is unknown, the number of providers may be omitted.

47. QUESTION. Does AoA envision that case management provided with Title III-E funding could include managing a younger caregiver's service needs (that would ultimately assist them in continuing to provide support to an older impaired individual)?

ANSWER. Case management under Title III-E should be directed at those caregiver's needs which involve the caregiving for the older person.

48. QUESTION. Similarly, does the change noted above reflect the idea that case management for caregivers may need to be more flexible or have a different character than that we have traditionally provided within the Aging Network for older, impaired individuals?

ANSWER. As noted above, no substantive change was intended except to recognize that case management activities might include other tasks so long as these tasks are related to the caring for the older person.

49. QUESTION. Please respond to the following example: when respite is provided to an older adult, two primary caregivers may benefit from the service. The AAA will pay for the number of hours of respite for the older adult once. Since caregivers are the clients of III-E services, one AAA enters the name of two caregivers for the older adult into the data system. Each of the two caregivers will be given the same number of respite hours in the data system. Is the following methodology correct: the older adult receives four hours of day care, the service provider will be paid for the four hours? The names of the two caregivers will be entered, giving each caregiver four hours of respite. Thus, four hours of respite were paid and eight hours of respite are reported being used.

ANSWER. The primary caregiver should be the person for whom the respite should be recorded. It is not accurate to have four hours of service result in eight service units. The provider should report whatever is appropriate and useful on other caregivers but that does not change the number of service units provided.

50. QUESTION. Is an annual update required regardless of the funding source? For instance, if a home-delivered meal is provided with Title III-E funds rather than Title III-C funds, does an annual update of nutritional risk, ADL/IADL and consumer status still need to be

performed? Likewise, if respite is provided with III-E rather than III-B, is an update required for ADL/IADL and does the consumer have to have his/her status reviewed annually?

ANSWER. Yes, annual updates are to be conducted (see http://www.aoanswer.gov/prof/agingnet/NAPIS/SPR/SPR_guidance/FAQs.asp; #9 NSIP Meals under NFCSP). Reporting requirements for the NFCSP require less detail than Title III-B registered services (see <http://www.aoanswer.gov/prof/agingnet/NAPIS/napis.asp>). While the submission of data under the SPR is required on an annual basis, AoA has not established time frame criteria for updates under the NFCSP. States vary in their need for programmatic data and information, and therefore conduct updates on an annual to semi-annual basis. We encourage the time frame that best meets state and local program management needs.

51. QUESTION. Under Section D. Services to Caregivers the first service is Counseling, which states: "(1 session) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support, groups, and caregiver training (of individual caregivers and families)." The word "Session" implies both registered and non-registered, but then asks for an unduplicated count. The question is: Is this a session service, which means that it provides an estimated unduplicated count and not a true unduplicated count?

ANSWER. The unit of service is a session. Sessions may involve one or more than one persons. If more than one person/caregiver is involved in a session, then the basic information (III-E is a more limited data set) is gathered on all participants and the unduplicated count is recorded.

52. QUESTION. Now that the SPR includes Title III-E, are the separate Title III-E reports that have been used for the past several years still required?

ANSWER. No.

SPR Data Software (State Reporting Tool)

53. QUESTION. Will there be a new data program to implement the changes to the '05 report? Will there be new SPRDIA or SVERIFY programs for 2005?

ANSWER. The SPRDIA and SVERIFY programs will be retired after the input of the 2004 data. For 2005, there will be a new, free, software program for use by states in transmitting data to AoA. It is called the State Reporting Tool (SRT) and its will be the only method for validating and transmitting the SPR data starting with the 2005 SPR data. The SRT is being developed by Synergy under a competitively awarded subcontract with NASUA funded by AoA. As is the case now, states make their own arrangements for their internal systems.

54. QUESTION. Synergy Software Technologies is creating the State Reporting Tool for States to report to AoA. Will the standard created for this interface be released so that software can incorporate the same protocols to make it easy for states to report to AoA? Will all states be required to use the SRT to interface with AoA for purposes of reporting?

ANSWER. The State Reporting Tool (SRT) software application which Synergy is developing will be provided free of charge to State Agencies on Aging along with training and technical assistance in its use. The SRT is a freestanding product which may be used by all states regardless of which software they use internally for compiling State Program Report data. The SRT should not be confused with the proprietary, commercial products of any vendor.

The SRT XML specifications and AoA's validity tests (edit checks) along with other information about the revised State Program Report may be found on the AoA web site at:<http://www.aoa.gov/prof/agingnet/NAPIS/napis.asp> The current SPRDIA and Sverify software will no longer be applicable for FY '05 data. The new software will be the only means of running these checks. All NAPIS data will be sent through this software before being transmitted to AoA.

Note that XML will be the preferred format for data input to the SRT. However, States also will have an option to upload their SPR data in dbase format or to directly input it manually into the SRT. State will also be able to either install the SRT software onto their system or to use a web based version.

55. QUESTION. What reporting tools (i.e., SPRDIA or NAPIS SRT) should states use for FY 2005's report?

ANSWER. The SRT will be the only transmission mechanism for the FY 2005 SPR. This flexible software system is currently under development under an AoA award to NASUA with a subcontract to Synergy, Inc. The SRT software will provide a number of options including web-based submission. SPRDIA and Sverify cannot be used for this revised report and data.

56. QUESTION. Is AoA still planning to create a side-by-side list of data elements so the SUAs may view how the SPRDIA data translates to the new NAPIS SRT data?

ANSWER. A number of documents are available on the AoA web site that will be helpful to SUAs (see <http://www.aoa.gov/prof/agingnet/NAPIS/napis.asp>). These include Data Field Definitions, Validity Test/Edit Checks, and Field Mapping.

57. QUESTION. Is the SRT only for use by SUAs or is it available for AAAs?

ANSWER. The SRT was developed for SUAs, as the SUA is the entity responsible for reporting to AoA. The advisory committee that helped guide this project has suggested making this available for AAAs. This is under consideration (however not in current development) and may be in a future release. This type approach does make sense so that the SUA receives the most accurate information possible.

58. QUESTION. Will there be a new data program to implement the changes to the '05 report? Will there be new SPRDIA or SVERIFY programs for 2005?

ANSWER. The SPRDIA and SVERIFY programs will be retired after the input of the 2004 data. For 2005, there will be a new, free, software program for use by states in transmitting data to AoA. It is called the State Reporting Tool (SRT) and it will be the only method for validating and transmitting the SPR data starting with the 2005 SPR data. The SRT was developed by Synergy Software Technology under a competitively awarded subcontract

with NASUA funded by AoA. As is the case now, states make their own arrangements for their internal systems.

59. QUESTION. Has the SRT software been finalized? If so, when will the SUAs receive a copy of it and the finalized schema and specifications? It is my understanding the SUAs are responsible for using this software to prepare our next NAPIS file, which is due January 31, 2006.

ANSWER: The SRT software was released it in the Fall of 2005 together with training and technical assistance. Please note that the SPR data may be uploaded into the SRT system in three ways. The preferred method is in XML format. There is also an option to upload the SPR data in DBF format. The specifications for such files are posted on the AoA web site at: <http://www.aoanswer.gov/prof/agingnet/NAPIS/napis.asp> Finally, there is an option to input the data directly into the SRT in a manner similar to SPRDIA but with greatly improved functionality and user friendliness.

Information and Assistance

60. QUESTION. Information and Assistance (I&A) services: The SPR defines I&A as a service that:

- provides individuals with information on services available within the communities;
- links individuals to the services and opportunities that are available within the communities;
- to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.

Must all three services be provided to all service recipients in order for a contact to be counted as a unit of I & A service?

ANSWER. The three items in the definition below are requirements for what the agency providing I&A must be able to and must actually provide, as appropriate (but not in every case).

If a caller only needs information, then the provision of information alone is sufficient to generate a unit of service to be counted under SPR. The service unit is one contact. Therefore, an individual may be the recipient of (or cause of) multiple units of service. For example, assistance to Medicare beneficiaries in online enrollment in the drug benefits program would be a unit of service regardless of whether any other service was provided.

61. QUESTION. The instructions for the revised State Program Report define Information Services as: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. Assume a local aging program distributes a newsletter to older people and the general public. The newsletter is published six times a year at 5,000 copies per issue. Some of the newsletters are mailed directly to individuals while others are distributed in bulk to libraries and grocery stores. How should states report the number of units of service for the newsletter?

ANSWER. A newsletter would fall into the category of Information Services. Please note that for Information Services, Estimated Audience Size and # of Activities replace the categories of # of Caregivers Served and Units of Service. Each issue of the newsletter would be an activity. The estimated audience size would be the number of persons directly receiving the newsletter plus the estimated number of the bulk copies which are actually distributed to individuals.

62. QUESTION. Would the training of I&A staff be considered as a unit of Information and Assistance and reported under Title III-B?

ANSWER. Training of I & A staff is not a reportable unit of service under Title III-B since staff are not the target population for I & A (see Information and Assistance definition p.24 <http://www.aoa.gov/prof/agingnet/NAPIS/docs/SPR-Modified-Form-11.08.04.pdf>). At the same time, the costs of training of I & A staff should be included in the I & A expenditures since this training is a necessary part of operating the I & A program.

63. QUESTION. Would the work done by the I&A staff for Medicare Part D efforts (i.e., assisting Medicare beneficiaries) be counted under the SHIP program and/or Title III Information and Assistance?

ANSWER. For the SPR, these units are to be reported as Information and Assistance under Title III-B since they are funded by Title III-B. We are not concerned about "double counting" since the SHIP is not reported to AoA.

64. QUESTION. In reporting Information and Assistance, what components are to be counted, e.g., does providing information on a one-to-one basis enough, or must one actually link them to a service to be counted as I&A? If so, then what is the definition for link? If an aide determines the kind of agency/services would fit a client's need and refers them to an agency, and the client is capable of calling/completing the link and indicate they would follow through, would that be counted?

ANSWER. The definition of I & A which AoA uses in the definition section of the SPR describes the range of activities which an I & A project should perform and which should be available to callers. Assessment of some type is certainly an I & A function but a formal assessment may not be needed or appropriate in every case. If the caller requests information only and does not need or want a link to services or if the caller indicates that he/she is able to and wishes to contact the service provider directly, the contact should be counted as a I&A contact.

65. QUESTION. If I & A staff are trained by SHIP counselors on Medicare Part D to provide assistance to Medicare Beneficiaries on Part D and related issues, will the units of services be reported under Title III-B or under SHIP?

ANSWER. These units are to be reported as Information and Assistance under Title III-B.

66. QUESTION. In terms of Information Services, if an article is written and it is distributed to 5 newspapers does this count as 1 activity or 5? Or should the size of the newspaper audience be estimated? If an informational brochure or article is mailed, does this count as 1 activity or would one count the number of people mailed to?

ANSWER. Please note that for Title III-E Information Services the number of activities and the estimated audience size are both included as separate items. Therefore:

- If an article is written and it is distributed to 5 newspapers, this counts as 1 activity. The size of the newspaper audience should be estimated, but this is a separate data element.
- If an informational brochure or article is mailed, the brochure is 1 activity and the number of people it is mailed to is the estimated audience size.

Reporting Race and Ethnicity

67. QUESTION. Because "Hispanic" was removed as an option for Race, it was anticipated that many Hispanic clients would select "Other" as the response to the racial category. Is this correct or should there be an additional racial category for the "Hispanic" response?

ANSWER: Under the 1997 OMB Guidelines, race and ethnicity (i.e., Hispanic status) must be asked as separate questions (although we may later aggregate the responses as appropriate to the data). Past Census surveys do indicate that some Hispanic persons list their race as "Other" but at least in the 2000 Census very few persons over 60 did so. The SPR race categories do include "Other" so this category is available as needed.

68. QUESTION. According to state legal counsel questions regarding race and ethnicity must be "optional" unless required by state or federal law. Therefore, my question is there such a requirement or are we to make these two questions optional?

ANSWER. Data collection under the State Program Report (SPR) is a requirement of the Older Americans Act (OAA). All SPR reporting requirements, including race and ethnicity, are in compliance with and have been approved by the Office of Management and Budget (OMB). Reporting client level data, i.e., race and ethnicity, income, gender, etc., is a requirement in accordance with the specific provisions of the SPR. Service cannot be denied to an older adult for refusal to provide this information.

69. QUESTION. In Sections I. B; I. C; I. D; I. E; and I. F on the SPR Reporting Requirements for Title III and VII, are all the breakouts for Ethnicities and/or Races required fields? Are both the ethnicities and races required or just the ethnicities? What if most of the ethnicities are counted as 'Missing'.

ANSWER. The OMB guidelines require that, at the client level, race and ethnicity are to be asked separately. This is needed to produce the state level data required by the SPR. What is required by the SPR (i.e., at the reporting level from the state to AoA) are items where race and ethnicity are mostly reported separately but with several combined items. These are:

Clients by Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Ethnicity Missing

Clients by Race or Ethnicity

- White (Alone) * – Non-Hispanic

Total Minorities **

- White (Alone) – Hispanic
- American Indian or Alaska Native (Alone)
- Asian (Alone)
- Black or African American (Alone)
- Native Hawaiian or Other Pacific Islander (Alone)
- Persons Reporting Some Other Race
- Persons Reporting 2 or More Races
- Race Missing

* (Alone) – When appended to a racial category, this term means that the individual designated only one race category.

** For this and subsequent tables, Total Minorities will be calculated by AoA sponsored State Reporting Tool software – will exclude White (alone) – Non—Hispanic and race/ethnicity missing

As noted, there are Missing data categories which may be used as needed. However, they should not be used as a substitute for the required data collection.

Transportation and Assisted Transportation

70. QUESTION. What is the interpretation for assisted transportation and transportation in the following examples:

- An older gentleman who uses a wheelchair is picked up at his home. The person is able to wheel himself down the sidewalk, but assistance is provided by the van driver in operating the chair lift, securing the chair in the vehicle, and moving the chair away from the curb at the destination. Is this considered assisted transportation (because of the activities of the driver) or transportation (assistance is not ongoing during the entire outing)?

ANSWER. No. Assisted Transportation must involve a personal escort for the older person, not just a helpful driver.

- An older woman who is visually impaired lives three blocks from the senior center. The center sends a volunteer to the person's house to walk her to the center as the sidewalk has holes and is considered dangerous. Is this escort activity reported as assisted transportation even though no vehicle was utilized?

ANSWER. No. Transportation must involve a vehicle.

71. QUESTION. What does personal escort mean? Is it one escort for one client? For example, if 3 clients receive assisted transportation on a passenger van, does each client need their own personal escort (i.e. 3 clients to 3 escorts and one driver)?

ANSWER. The escort arrangement should be whatever is appropriate to the needs of the client. In some cases, two persons would be needed (e.g., a bus with many passengers) but not necessarily in all cases. It depends on what is appropriate.

72. QUESTION. In a one to one situation when a regular vehicle is used, and the driver performs all the duties of an escort, is this considered assisted transportation? For example, Mrs. Doe is picked up at home by a driver from Agency A and is transported to her doctor. The driver helps Mrs. Doe out of the regular vehicle and escorts Mrs. Doe into the doctor's office. After the appointment, the driver assists Mrs. Doe back into the car, drives her home, and takes her to the door. Is this assisted transportation?

ANSWER. Yes.

73. QUESTION. If a service provider wants to use only one worker to provide both transportation (i.e. one-on-one ride) and one-on-one escort to the doctor, would the provider count two services, transportation and escort?

ANSWER. The provider may use one worker if it is appropriate to the needs of the client, i.e., one-on-one transportation. Assisted transportation is a service category in itself consisting of transportation with an escort so only one service unit (for assisted transportation) should be counted.

74. QUESTION. Since assisted transportation is for people who have difficulties using regular vehicular transportation, does it exclude workers providing rides to use their own personal, regular vehicles?

ANSWER. Not necessarily. Personal vehicles could be appropriate if the disabilities of the client do not preclude use of a regular vehicle (e.g., if the client has cognitive disabilities but not serious physical disabilities).

Case Management

75. QUESTION. Case Management: In the revised SPR, the definition of case management has changed. It now reads that the diminished functioning of the older person requires the provision of services by "formal service providers or family caregivers." Additionally, rather than saying "Activities of case management include assessing needs, developing care plans, authorizing . . ." it now reads "Activities of case management include such practices as assessing needs . . ." Why was this change made?

ANSWER. No substantive change was intended except to recognize that case management activities might include other tasks.

Program Income

76. QUESTION. Is it correct to define Program Income to include both voluntary contributions or donations as well as allowable service fees which may be charged (on a sliding scale fee basis) to people who are above the poverty line for services that allow cost sharing?

ANSWER. Yes. Note that the SPR category of Program Income is not necessarily the same as the Grants Management category. It is for SPR reporting purposes only.

Urban and Rural

77. **QUESTION.** Urban and Rural: Is there one source which has a master list of areas defined as rural and urban?

ANSWER. Currently, AoA's Instructions for Completion of Title III and VII SPR define rural as follows:

Urban areas comprise: (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Rural – A rural area is any area that is not defined as urban.

78. **QUESTION.** What is the meaning of adjacent densely settled territories? How is density measured? What is the proximity of a densely settled territory to a central place? In order to be classified as an urban area, does an area have to meet both conditions (1) and (2) above or, an area has to meet only either condition (1) urbanized area of 50,000 or more population, or condition (2) an incorporated place or a census designated place with 20,000 or more inhabitants?

ANSWER. Only one of the conditions cited above needs be met in order for an area to be considered urban. Although the SPR retained the previous SPR the definition of urban/rural which is cited in the question above, AoA has no objection to states using the Census Bureau definition which was modified in 2000. As a practical matter, it may be difficult for many entities to apply the old definition.

The Census Bureau provides a number of resources for users to determine urban/rural status of a particular place as well as explanations for the system used by the Census Bureau to determine classification of an area as urban. These may be found on the Census Bureau web site at: http://www.census.gov/geo/www/ua/ua_2k.html (Off Site). A street address lookup may also be found at: <http://factfinder.census.gov> (Off Site). AoA plans to seek a modification of the current SPR definition to bring the SPR urban/rural definition into conformity with the Census Bureau definition. AoA plans to have the Census Bureau develop a file with the number of rural persons aged 60+ and the number of urban persons aged 60+ in each populated (Zip Code Tabulation Area). This may be a useful tool for many automated systems when the client's address is available but its use will not be mandated.

Nutrition Services Incentive Program (NSIP)

79. **QUESTION.** What are the criteria for counting meals for NSIP funding purposes?

ANSWER. SUAs and ITOs should report the number of meals that meet the criteria of the OAA for meals programs (Title III-C). Meals served in accordance with the requirements of the OAA and its regulations would include those served:

- to an individual who is qualified to receive services under the OAA as defined in Title III or Title VI (including the under 60 spouse of a qualified individual);
- to an individual who is not means-tested for participation;

- in compliance with the nutrition requirements of the OAA;
- by an eligible agency (has a grant or contract with a SUA or AAA) or a Title VI provider; and
- to an individual who is given an opportunity to contribute to the cost of service.

80. QUESTION. For NSIP funding purposes, can SUAs and ITOs include OAA congregate meals provided to adults under age 60?

ANSWER. Yes, procedures are to be established that allow a nutrition project administrator the option to allow the participation of adults under age 60 who are: disabled adults, who reside at home with and accompany older adults, and volunteers, regardless of age, who assist in meal service during meal hours. Such meals are to be included in the meal count for NSIP funding.

81. QUESTION. Many states administer programs and have software configured on a State Fiscal Year (July 1 – June 30). Is the NSIP meal count to be reported on the Federal Fiscal Year for the 2005 SPR or can this be reported on the State Fiscal Year?

ANSWER. Many states function on both the State and Federal Fiscal Year. The NSIP meal counts are to be reported on the Federal Fiscal Year, not the State Fiscal Year. Software can be configured to provide NSIP meal counts for the reporting period that is needed.

82. QUESTION. AoA provides the NSIP grant awards to SUAs, but this is a separate process from the Title III formula grant process. For SPR purposes, are NSIP funds (expenditures) to be included in the calculations of Title III Expenditures or Total Service Expenditures?

ANSWER. The funding source for NSIP meals is the OAA (Title III). Therefore, any NSIP Congregate meal is to be reported as a Title III – C1 expenditure and any NSIP Home Delivered meal is to be reported as a Title III - C2 expenditure.

83. QUESTION. After submitting the NSIP meal counts (FY 2004), a revised amount was submitted although it was past the submission deadline. The revised figure was not used in computing the NSIP grant award, resulting in the state not receiving NSIP funding for a significant number of meals which were served to eligible participants. Could the revised meal count totals be added to the 2006 NSIP award?

ANSWER. The OAA does not allow this option. The OAA indicates that NSIP funds are to be provided for meals served in the "preceding fiscal year". The grant awards cannot be adjusted to have the FY 2006 NSIP allocations to take into account changes because FY 2004 is not the "preceding year".

AoA will establish a new procedure for FY 2006 to provide all states with a final chance to review the numbers submitted, make any revisions and to confirm the meal counts. Due to the short timeframe for the coordination of meal counts and funding calculations with USDA, this procedure will only allow for a very short turn around time. Specific information will be provided to regional offices in early 2006.

84. QUESTION. If a congregate meal is provided under National Family Caregiver Support Program - and it meets all OAA eligibility criteria - can it be counted as NSIP meal?

ANSWER. Yes, if the meal is provided to the older care recipient. If the meal is provided to the caregiver: No, if the caregiver is under 60 (except for a spouse); Yes, if the caregiver is over 60. See the Appendix to this Questions document for additional information about NSIP meals.

85. QUESTION. NSIP Meals under NFCSP: If the caregiver is over sixty, perhaps a daughter providing care for her 86 year old mother, Mom receives a home-delivered meal (HDM) and since daughter is in the home at mealtime, she would like a meal also. Do we charge that meal to III-E supplemental services or do we charge that to III-C2 since the daughter is eligible in her own right?

ANSWER. If an 86 year older woman is homebound and needs home-delivered meals, she can receive services funded through either Title III-C2 or Part E, if the state chooses to include home delivered meals as part of its services under Supplemental Services. This meal may be reported to AoA as a meal that is eligible to receive NSIP funding because the woman is homebound.

If the daughter who is a caregiver is over 60, but is not homebound, she does not meet the criteria to receive a home delivered meal under Title III-C2, which is limited to individuals who are homebound or spouses of homebound individuals. The caregiver daughter can receive a home delivered meal funded by Part E, if the state chooses to include home delivered meals as part of its services under Supplemental Services to support Caregivers. This meal may not be reported to AoA as a meal which is eligible to be counted towards NSIP funding.

In general, the following principles apply:

- A caregiver, who is a spouse, may receive a HDM and have that meal counted for NSIP under III-C2. A caregiver, who is not a spouse (but could be another family member) and is over 60, but not homebound, could receive a HDM, funded by Part E, Supplemental Services. This meal would NOT be eligible for NSIP (it does not meet the requirements for C-2 of the OAA and its regulations).
- A caregiver, who is not a spouse (but could be another family member) and is under 60, could receive a HDM funded by Part E, Supplemental Services. This meal would not be eligible for NSIP (it does not meet the requirements for C-2 of the OAA and its regulations).

86. QUESTION. Why does AoA require counts for Home Delivered and Congregate on line 4 and 8 and NSIP meals on line 4a and 8a? The SPR requires that states should report separate NSIP meal counts if different from regular SPR numbers, which include meals provided by means tested programs.

ANSWER. The separate NSIP line in the SPR is there to avoid our having to go to the states twice in two separate processes for nutrition data.

87. QUESTION. In the NAPIS SRT, we have to map our services to a NAPIS service and select a funding source. If the service is a non-Title III E funded service, the funding source selections are B, C1, C2, D, and Non-OAA Federal Funds. For NSIP funded services, which funding source should be selected?

ANSWER. The Nutrition Services Incentive Program (NSIP) is funded by Title III of the Older Americans Act and is to be recorded as a Title III Expenditure. The funding by Part (Section II.A), is to be reported in accordance with the allocation of these funds. NSIP funds are reported in Section II.A.

88. QUESTION. For NSIP funding purposes, should an SUA or ITO report meals served in means-tested programs they administer, such as Title XIX Medicaid Waiver Programs?

ANSWER. No. Meals served in Title XIX Medicaid Waiver Programs or means-tested state funded home and community based programs cannot be included in counts used to determine NSIP funding.

89. QUESTION. Are home-delivered meals served under the Title III-Part E, the National Family Caregiver Support Program eligible to be counted for NSIP allocation on the SPR?

ANSWER. Home-delivered meals, as a supplemental service, served with Title III Part E funds may be counted as a NSIP eligible meal if the meal:

- meets the requirements of the OAA (Title III-C);
- is served by an agency that has a grant or contract with the SUA or AAA; and
- is served to an adult qualified for service under Title III of the OAA: care recipients, who are age 60 or older and are homebound; homebound caregivers of homebound care recipients, who are age 60 or older; or caregivers, who are the spouse of the homebound care recipient, regardless of age.

If the caregiver is an adult who is under age 60 and is not the spouse of the care recipient, the meal served to the caregiver may be funded by Part E, but is not eligible to be reported as an NSIP eligible meal.

90. QUESTION. Based on the definition of Congregate Meals in the most recent NAPIS/SPR reporting requirements, is it correct that meals served at a senior center or during a large Older Americans Month event (e.g., 700 seniors and volunteers) must be served to registered clients in order for them to count toward the NSIP meals figure? That is, all participants during the large event must complete one of our Title III Client Intake Forms which includes a question (see green insert below) that asks the client to identify what makes them eligible to receive this meal.

If this client is eligible for Title III-C Nutrition Services, identify the reason:

<input type="checkbox"/> Client age 60 or more	<input type="checkbox"/> Disabled, dependent child accompanying eligible parent
<input type="checkbox"/> Spouse of eligible client	<input type="checkbox"/> Disabled client under age 60 and living in public, low-income housing where a senior center is located
<input type="checkbox"/> Volunteers at mealtime	

ANSWER. It is correct that meals served to older adults during special events, and meals served to volunteers who assist in the event (Section 339 (2)(I) and (H) may be counted for NSIP as long as they meet all the requirements of the OAA, such as nutrient requirements, opportunity to make a contribution, not being charged for the meal, etc. Congregate meals are, of course, a cluster 2 registered service which requires a summary client profile. As a practical matter, a simplified summary client profile with only the minimum required information might make sense. Some suggested revisions to the form which you included are shown below. As always, receipt of service is not contingent on willingness to complete information. If an individual at a meal site did not want to complete this form and if the

individual was obviously over 60, the service provider can not deny service and that meal would still be eligible for NSIP.

Are you:

Aged 60 or more

Disabled, dependent child accompanying eligible parent

Spouse of a person aged 60 or more

Disabled client under age 60 and living in public, low-income housing where a senior center is located [note: this might not be relevant to an aging event]

Volunteer at mealtime

None of the above

Additional Information on Nutrition Screening by Jean Lloyd AoA National Nutritionist

Section 339 of the Older Americans Act requires that a State ensure that a nutrition project provide for nutrition screening and where appropriate for nutrition education and counseling (based on the nutrition screen). It is a state responsibility to develop policies, procedures, or guidance on how to implement the requirements of the Older Americans Act. As a result, implementation methods may vary state to state depending on the unique needs of the state and how the state determines to implement the nutrition program. Many states collect information on new congregate participants through an intake or registration process that includes collecting information on such items as address, age, gender, income status, minority status, nutritional status, emergency contact, etc., when an older adult begins to attend a nutrition program. Many programs have a one to two page questionnaire that includes the nutrition screening initiative checklist. After initial intake, this information is updated on a yearly basis by the local nutrition program and reported through the data collection system to the area agency on aging and to the state agency on aging. The collection and updating of nutrition risk data is no different than collection and updating of data on age, gender, income status, etc. In most cases, the questionnaire is self-completed with nutrition program personnel available to help answer questions. Many state agency program and reporting staff have provided joint training to area agencies on aging and local nutrition service provider staff on ways to gather accurate and complete information as well as how to use nutrition risk information for targeting and identification of participant characteristics, comprehensive and coordinated nutrition service program planning, nutrition service interventions, and evaluation of nutrition services.

In some states, if an older individual is determined to be at high nutritional risk, the older individual is referred to a local nutrition project dietitian for further screening, and additional interventions, such as nutrition counseling, referral to other health professionals or services such as the Food Stamp Program, a second meal or weekend meals, support groups such as a diabetic support group, or to a physical activity program, etc.. In some other states, nutrition risk data is aggregated and nutrition education plans are developed or menus are modified to meet identified needs such as lower sodium menus for heart disease and hypertension. In other states, nutrition interventions are developed to meet the most commonly identified needs.

Many states collect information on home delivered participants through a single point of entry case management system or through a nutrition service provider process that includes an assessment to determine whether the individual is home bound and to assess the need for home delivered meals as well as other service needs. At this assessment, information on age, gender, income status, minority status, nutritional status, functional and health status, need for program services, emergency contact, etc. is collected. Depending on the state or area, this process may be conducted in home or over the telephone. In many states, assessments are updated every six months.

If an individual is determined to be at high nutritional risk, interventions for home delivered may be more varied and intense than those proposed for congregate participants, and might include increased frequency of meal delivery, meal supplements, or caregiver training.